

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/529,573
Confirmation Number	9147
Filing Date	with an effective filing date of October 17, 2003
First Named Inventor	Robert David BLACK and John Alexander BLACK
Group Art Unit	4165
Examiner Name	Omar F. Hijaz Fax: (571) 273-8300

Total No. of Pages in this Submission: 24
+ CERTIFIED COPY

Attorney Docket Number **ROCKCO P69AUS**

ENCLOSURES (check all that apply)

■ Fee Transmittal Form

■ Fee attached - Check \$60.00

■ Response

☐ After Final

☐ Affidavits/declaration(s)

■ Extension of Time Request (in Duplicate)

☐ Express Abandonment Request

☐ Information Disclosure Stmt

■ Certified Copy of Priority Document(s)

☐ Response to Missing Part/s
Incomplete Application

☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53

☐ Assignment papers
(for an Application)

■ Drawings - Annotated Sheets - 3 pgs.
Replacement Sheets - 3 pgs.

☐ Licensing-related Papers

☐ Petition Routing Slip (PTO/SB/69)
and Accompanying Petition
(DELETED - no longer useful)

☐ To Convert a Provisional Petition

☐ Power of Attorney, Revocation
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Small Entity Statement

☐ Request for Refund

☐ After Allowance Communication
to Group

☐ Appeal Communication to Board
of Appeals and Interferences

☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

■ Additional Enclosure(s)
(please identify below):

Postcard

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

Michael J. Bujold
DAVIS BUJOLD & DANIELS, P.L.L.C.

Reg. No. 32,018
CUSTOMER NO. 020210

Signature

Date

September 9, 2008

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on September 9, 2008.

Signature

Date: September 9, 2008 (tac)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FREE TRANSMITTAL For FY 2008</p> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p>	
<p>TOTAL AMOUNT OF PAYMENT: \$60.00</p>		<p>Application No. Filing Date First Named Inventor</p>	<p>10/529,573 effective October 17, 2003 Robert David BLACK and John Alexander BLACK Omar F. Hijaz 4165</p>
<p>METHOD OF PAYMENT (check all that apply)</p>		<p>Examiner Name Art Unit</p>	<p>Attorney Docket No.</p>
<p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD & DANIELS, P.L.L.C</u> </p>		<p>ROCKCO P69AUS</p>	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$) Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

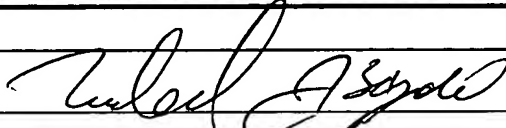
Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for One Month Extension of term \$60.00

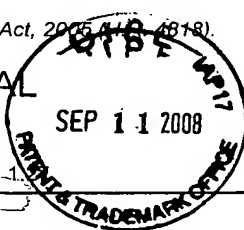
SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Date: September 9, 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4181).

FEE TRANSMITTAL For FY 2008



Complete if Known

Application No.
Filing Date
First Named Inventor

10/529,573
effective October 17, 2003
Robert David BLACK and John
Alexander BLACK
Omar F. Hijaz
4165

Examiner Name
Art Unit

Attorney Docket No.

ROCKCO P69AUS

☒ Applicant claims small entity status. See 37 CFR 1.101.

TOTAL AMOUNT OF PAYMENT: **\$60.00**

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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SUBMITTED BY

Signature

Telephone (603) 226-7490

Name
(Print/Type)

Michael J. Bujold

Registration No.
(Atty/Agent) 32,018

Date: September 9, 2008